OCCUPA-1. PLACE OF DEATH pluods Registration Dist. No. County //L item Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long In U.S. if of foreign birth? PHYSICIANS Length of residence in city or town where deeth occurred statement (a) Residence: No. If nonresident give city or town and State (Usual place of abode Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Month) (Oev) (Yeer) classified a. If merried, widowed, or divorced PERMANE HUSBANO of 22. CERTIFY. That I ettended deceesed from (or) WIFE of M certificate. 6. DATE OF BIRTH (month, dev. and year) properly 7. AGE share Deys If LESS than to have occurred on the dete stated above, at-Months stated 1 dey, ___ hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance ___ min. were as follows Date of onsat 8. Trede, profession, or particular THIS. OCCUPATION kind of work done, as SPINNER, jo SAWYER, BOOKKEEPER, etc. may back 9. Industry or business in which bluods work was done, es SIŁK MIL SAW MILL, BANK, etc.____ 11. Totel time (yeers) 3 3 10. Date deceased last worked et on this occupation (month end spent in this that occupetion Team instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) supplied. FATHER 13. NAME 14. BIRTHPLACE (city or town plain (Stete or country) carefully Whet test confirmed diagnosis? Wes there en autopsy?. MOTHER very important. 15. MAIOEN NAME & 23. If death was due to externel causes (VIOL ENCE) fill in elso the following: ııı Accident, suicide, or homicide? DEATH 16. BIRTHPLACE (city or town (Stete or country) Where did injury occur?___ pe (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, plnods 17. INFORMANT (Address OF 18. BURIAL, CREMATION. OR. Manner of injury WRITE CAUSE mation Nature of injury LION 24. Wes diseese or injury in any tion of deceased? 19. UNOERTAKER (Address If so, specify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

FOR

MARGIN RESERVED

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	EFFEINTE	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne		1921	Run over by street car	1 week ago
Cerebral hemorrhage	JAN 6 1936	July 5,1927	Peritonitis	3 days ago
	POPALLY S.			
Other contributory	causes of importance		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH Registration Dist. No. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Day) (Year) ERTIFY, That I attended deceased from Oate of onset Date of Injury (Specify city or town, county and State)

S. No.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis IAN	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	State of
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis R 10360	1921	Run over by street car	1 week ogo
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUSEAU V S.		, S	
Total Control of the			
Other contributory causes of importance:		Other contributory chuses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		,	

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-WRITE PLAINLY.

N. B.

V. S. No. 1

20, FILED.

(Address)

11-	221
County Willmice	Registration Dist. No.
Village or City Jugaskun	NDSt.,
	s. ds. How long in U. S. If of foreign birth? yrs. mos.
2. FULL NAME Hazel Bailey	
(a) Residence: No.	St., Ward.
(Usual place of (abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Female lal. OR DIVORCED (write the word)	(Month) (Day) (Yea
a. If married, widowed, or divorced	(Month) (Day) (18a
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased
0 / 14/10	Dec 1955, to Dez 2 6, 19
B. DATE OF BIRTH (month, day, and yeer)	Tlast saw h alive on Alexander 1952; death I
AGE Years Months Days If LESS than 1 dayhrs	to have occurred on the date stated above, at 23 m.
/4 Ja /6 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	1 A D Sec
SAWYER, BOOKKEEPER, etc.	Droncho - Insumpura '3
9. Industry or business in which work was done, as SILK MILL,	,
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation from the and	
this occupation (month and spent in this occupation	
Ty All	Other Coatributory Causes of Importance:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME Wade Failey.	
14. BIRTHPLACE (city or town)	Neme of operation frankerton, Dete of the
(otate of country)	What test confirmed diegnosis? Was there en aulopsy?
15. MAIDEN NAME Mellie Meloy	23. If death was due to external causes (VIOL ENCE) fill In elso the following:
16. BIRTHPLACE (city or town) Welipquias	Accident, suicide, or homicide? Date of Injury
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
Wade Bailes	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address)	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Tyaskin, elle Date Se 29, 193	
7 6 1 1/2 1/2 2	Manner of Injury Nature of injury A24. Wes disease or injury In any wey related to occupation of deceased?

If more blanks are deeded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify

(Signed)

(Address)

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Example I	į.	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis IAN 2 700-	1915	Attack of epilepsy	1 week ago	
Chronic interstitid nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Comment of the Commen				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			l	

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Example I	· ·	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JAN 6 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAUVE		/	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Example F		Example	le II	
The principal cause of death and related causes of importance were as follows 1936	Date of onset	The principal cause of death of importance were as follows	and related causes:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	2,	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	2 ^	3 days ago
			100	
			Name of the second	
Other contributory causes of importance:		Other contributory causes of is	mportance:	
rallstones	May 1,1923	Gastroenteritis		year '

STATE OF MARYLAND—CERTIFICATE OF DEATH

PHYSICIANS should state Exact statement of OCCUPA-

properly classified.

stated

AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

-WRITE PE

N. B.

MARGIN RESERVED FOR BINDING TH UNFADING INK—THIS IS A PERMANEN

County Village or City Village or City No. (If death occurred in a horpital or institution, give its NAME instead of str Length of residence in city or town where death occurred yrs. Mo. (If death occurred in a horpital or institution, give its NAME instead of str Length of residence in city or town where death occurred yrs. Medical Str. Ward. (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIFD, WIDOWED, OR DIVERCED (write the word) (Month) (Day) 22. A HEREBY CERTIFY, That Is a supplied of street in a horpital or institution, give its NAME instead of str Ward. (If death occurred in a horpital or institution, give its NAME instead of str (If death occurred in a horpital or institution, give its NAME instead of str As How long in U.S. if of foreign birth? Ward. (If nonresident give city or to WEDICAL CERTIFICATE OF DEATH (Month) (Day) 22. A HEREBY CERTIFY, That Is a supplied of str (Month) (Day)	mos, ds.
(If death occurred in a horpital or institution, give its NAME instead of str Length of residence in city or town where death occurred by yrs	eet and number)mos,ds.
Length of residence in city or town where death occurred yrs	mosds.
2. FULL NAME (a) Residence: No. Strain Color of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Fa. If married, widowed, or divorced HUSBAND of (or) WIFE of OR	own and State
(a) Residence: No (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of A COLOR OR RACE 5. SINGLE, MARRIFD, WIDOWED, OR DIVORCED (write the word) (Month) 22. A HEREBY CERTIFY, That I a	
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of (OF) WIFE of OF) A HEREBY CERTIFY, That I a	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of O	
3. SEX 4. COLOR OR RACE OR DIVORCED (wiie the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of O	, 193.5— (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Q	(Year)
(or) WIFE of C	
Star Mere Sallarray My 3 1937 to Lee (attended deceased from
6. DATE OF BIRTH (month, day, and year Phase 25 /838 I last saw have alive on Dec 10.	19.3.5; death is said
7. AGE Years Months Days If LESS than to have occurred on the date stated above, at	
76 8 15 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importan	
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and specific part in this second	
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	
year) Other Contributory, Canses of Importance:	
12. BIRTHPLACE (city or town) & Oslone (324)	84 days
(State or country)	0
13. NAME 14. BIRTHPLACE (city or town) Name of operation D	
14. BIRTHPLACE (city or town)	ate of
(State of country) Sunst (The State of Confirmed diagnosis? What test confirmed diagnosis? Was the	here an au'opsy?
15. MAIDEN NAME (Speath Mongate 23. If death was due to external causes (VIOLENCE) fill in also the	following:
15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the Accident, suicide, or homicide?	,, 19
(State or country) - Where did injury occur? (Specify city or town, country)	and State)
17. INFORMANT Specify whether Injury occurred In INDUSTRY, in HOME, or In PUI (Address)	BLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL & Celson, Lew. Manner of injury	
Place 7 . P. Date / 2 - / 3 - , 1935 Nature of injury	
City Constitution of the C	ased? Zu
19. UNDERTAKED 24. was disease of injury in any way related to occupation of decease (Address)	
Neg 17 3-14 & W. Leon (Signed) / Thy nes	M. D
20. FADLE 1. 7 , 1953 Hary 2 March (Address) Pulmas	Parl.

If more blacks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

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7	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

V. S. No. 1 N. B.—

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1	+	()	,)	8

1. PLACE OF DEATH	———— 94·20
County//scomes	Registration Dist. No. 333
Village or City Salushy Ma-	No. 805 Brown St. 5 Ware
72-7	(If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Villiam 71. Callons	7 If U. S. Veteran. specify WAR
(a) Residence: No. 805 Burne (Usual place of abode)	St., 5 Ward. Salary Md If nonresident/give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE OR DIVORCED (-write the worl)	21. DATE OF DEATH / 2 / > 3 , 193 3 4
ia. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Elizabeth E. Calloney	22. I HER EBY CERTIFY. That Lattended deceased fro
5. DATE OF BIRTH (morth, day, and year) July 20, 1816	I last saw h alive on
7. AGE Years Months Days if LESS than	to have occurred on the data stated ebova, at
75 3 1 dey,hrs	THE FRINCIPAL CAUSE OF DEATH and totaled causes of importance
8 Trade profession or particular	Date of onse
kind of work done, as SPINNER, Later SAWYER, BOOKKEEPER, etc.	Migma Justinia
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	
- I this occupation (month and	
year)occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Laterty 4	
(State or country)	
13. NAME Benjami Callowy.	
13. NAME / Leng am Callowy: 14. BIRTHPLACE (CLY) or town) - Family	Neme of operation Deta of
(State of country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Hastings	23. If death was due to external ceuses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) J. James G. Stata or country)	Accident, suicide, or homicide?Dete of Injury, 19
(Stata or country)	Where did injury occur?
17. INFORMANT Closabeth & Callonay	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	/ Manner of injury
Placa Tarsons Cempata Dec 2, 193.	Nature of Injury
19. UNDERTAKER Holloway & B	24. Was disaase or injury in any way related to occupation of deceased? 70
(Address) falsbyry, Md.	If so, specify
20 FILED Dec 25 19 35 V May June	(Signed)

STATE OF MADVI AND—CEPTIFICATE OF DEATH

Statement of occupation.—Precisc statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes	Date of onset
The same of the sa		of importance were as follows:	auto or onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
	uly 5,1927	Peritonitis	3 days ago
JAN 6 1936			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

te te	STATE OF MARYLAND	CERTIFICATE OF DEATH	4000
infor- state UPA-	1. PLACE OF PEATH	any . (13)	
Jo P C C	County Hillmies	Registration Dist. No.	333
item of should of OCC	Village or City Edu MC.	No. R.O. # 2 St.	16 War
4		death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. If of foreign birth?	
PHYSICIANS oct statement	2. FULL NAME James E. Carry	If U. S. Veteran, specify WAR	
SIC ate	(a) Residence: No. Eden R.D. # 1	St. / Ward.	
HYS st	(Usual place of abode)	If nonresident give city or town and	State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	3. SEX 4. CQLOR OR LACE OR DIVERCED (Acrie the word)	21. DATE OF DEATH Dec. 3/ (Month) (Dev)	, 193 5 - (Year)
X A C T I	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hestir Care	22. I HEREBY CERTIFY, That I attended	
·	mmc 7 / 1947	190 , 100 D	1900
IS A PE stated E properly certificate.	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 130 cmy	_; death is sai
IS A I stated properlectifical	88 1 93 I dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releied causes of importence	
	8. Trade, profession, or perticular	were es follows:	Oate ol onse
HIS be be	kind of work done, es SPINNER, return Farm	My Valy Henr	uhu
nould may back	kind of work done, es SPINNER, return fam. SAWYER, BOOKKEPPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at	D.D. D. J. J. J.	
INK. sho		The supplie	-
T -	this occupation (month and 1931 specific under year)		-
NFADING oplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) - Flautland	Other Centributory Couses of importance:	
AD) sd.	(State or country)	Berly Colons	197
NF.	II 13. NAME Unfrage		-
D H T	14. BIRTHPLACE (city or town)	Neme of operation Date of	-1
2 5	(State of Country)	Whet test confirmed diegnosis? Was there en	autopsy?
be careful EATH in p	15. MAIOEN NAME May June	23. If death was due to external causes (VIDL ENCE) fill in elso the following	g:
Y, carc H i	5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oete of Injury	, 19
be of mpc	(Stete or country)	Where did injury occur?	
ADDY	17. INFORMAN Ma Milliam D. More	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PL	ACE.
	18. BURIAL, CREMOSON, OR BENEVAL	Manner of injury	
on SE	Placellen Church (Date Jan. 1., 1936	Neture of Injury	
-WRITE mation s CAUSE TION is	19. UNDERTAKER Holloway & U. A	24. Was disease or injury in any way, releted to occupation of deceased?	
101	(Address) fallely md.	If so, specify	
-(-1)	20, FILED Lan 1 1936/ G. May Junes	(Signed)	7 M. (
Z	Registrar.	(Address) Jule 1 11	
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Example I	- A 1	Example II	
The principal cause of death and related causes of importance were as follows: JAN B 1000	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis BUREAU V. S	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
HELE ELECTRICE VILLOTERAN ELECTRICA			

	1		

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state	STATE OF MARYLAND	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	1901
tem of should of OCC	County //Lorence	Registration Dist. No. 333
sho of O	Village or City Salutry Md.	No. 1713 St., 9 Ward
1 - 00	Length of residence In city or town where geeth occurred vrs. 8 mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U. S. if of foreign birth?
Every SIANS ement	2. FULL NAME George M. Collins	If U. S. Veteran, specify WAR
	(a) Residence: No RO 1743	St., 9 Ward.
	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	/ If nonresident give city or town and State
Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
	Male White OR DIVORCED (write tha word)	Nec. 4 th 1935
NG VEN Fed.	5a. If marriad, wldowed, or divorcad HUSBAND of	(Month) (Dey) (Year)
BINDING PERMANEN EXACTI ly classified.	(or) WIFE of	22. I HEREBY CERTIFY, That I attended decaased from
E MM D	6. DATE OF BIRTH (month, day, and year) Quil. 1, 1935	I last saw h Line alive on Det 4 , 19 S; death is said
FOR BI	7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 22.m.
FOR IS A I stated properlifica	1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
- 70	8. Trade, profession, or particular kind of work done, as SPINNER,	Infections dearning Date of onset
VED d b d b	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL BANK etc.	
ERVI NK-T should it may n back	04-	
S T E T	10. Data deceased last worked at this occupation (month end spent in this	
RES NG I AGE that	year) occupation occupation	Other Contributory Causes of Importance:
	12. BIRTHPLACE (city or town) (State or country)	
MARGIN RI UNFADING supplied. AGI n terms, so tha	# 13. NAME George / Miriell Coffe	
4 0 5 5 "	13. NAME Story State Collins 14. BIRTHPLACE (citor town)	Name of operation Date of
Ily Salai	(State of country)	What test confirmed diegnosis? Was thera en autopsy?
INLY, THE EATH in plain important.	15. MAIOEN NAME Jellian P. Shorefell 16. BIRTHPLACE (city or town) Parry (State or country)	3. If death was due to extarnal causes (VIOL ENCE) fill in also the following:
car ITH Oort	16. BIRTHPLACE (city or town).	Accident, suicide, or homicide?
AINLY, ld be car DEATH	hem mail P. 11.	Where did injury occur? (Specify city or town, county and State)
E. PLA should OF D	17. INFORMANT (Addrass) /20/#3 Jalih mg.	Specify whathar Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place arm and Date Det. 6, 19:35	Nature of injury
1 201	19. UNDERTAKER VILLAGE ON OF CO.	24. Was diseesa or injury In any way related to occupation of deceased?
B.	(Address) Saluty Med.	If so, specify
» z	20, FILED DEC 8, 1937 V. May Junes	(Signad) M. D.
	Registrar.	(Address)

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH 14662				
1. PLACE OF DEATH	(35)			
county reporces	Registration Dist. No.			
Village or City (If	No. St., S Ward death occurred in a hospital or institution, give its NAME instead of street and number)			
Length of residence in city or town where death occurredyrs,mos.	7 ds. How long In U.S. if of foreign birth?yrsmosds.			
2. FULL NAME Mary Janese L	olflin			
(a) Residence: No. Jochy obo Cuty	Theo, Ward.			
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH			
	21. DATE OF DEATH			
Here Colored Planet ("write the word)	(Month) (Day) (Year)			
Sa. If married, widoved, or divorted HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from			
6. DATE OF BIRTH (month, day, and year) May (6-1886	i last saw h h alive on hora 9 1935; death is sald			
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 126 Pt.m.			
49 6 24 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were a follows:			
8. Trade, profession, or particular kind of work done, as SPINNER.	Culmonay amboliso field			
9. Industry or business in which				
SAW MILL, BANK, etc				
12. BIRTHPLACE (city or town) le source, les,	Other Contributory Cause of importance:			
(State or country) / Regulary	origins cross			
13. NAME Franch Selly	Duration: Inknown: a long timble			
14. BIRTHPLACE (city or town) (State or country)	Name of operation [] Date of 2 / 4/435			
	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?			
I 0 0 0 0 1100 /00	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?			
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?			
17. INFORMANT Dedrey Coloris	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.			
(Address) (Addre	Manner of Injury			
Place Proceed to the party here 12,1935	Nature of injury			
19. UNDERTAKER James P. Spengerson	24. Was disease er Injury In any way related to occupation of deceased?			
(Address) ocorrela cety, Med,	If so, specify			
20. FILED VEC 9, 1939 & May Junes Registrar	(Signed)			
73	2411 N. Charles Street, Bakimore, Requesting U. S. No. 1.			

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Data of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
07 1 1 1 1 1 1 1 1 1 1 1 1	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
EURDAN V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state

PHYSICIANS Exact statement

EXACTLY classified.

should

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

-WRITE PLAINLY

B.

ż

certificate. properly stated

back

See instructions on

TION is very important.

(Address)

19. UNDERTAKER

(Address)

18. BURIAL, CREMATION, DR. REMOVAL

(State or country)

OCCUPA-

of

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Service Registration Dist. No. 337 Village or City Whateleaver Med No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred yrs. mos. ds. How long In U.S. if of foreign birth? yrs. mos. ds. 2. FULL NAME (a) Residence: Np. St., Ward.				
(Usual place of abode)	If nonresident give city or town and State			
3. SEX 4. COLOR OR RACE Color OR RACE OR DIVORCED (write tha word) 5a. If married, widowed, or traced	21. DATE OF DEATH (Month) (Day) (Day) (Year)			
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from, 19, to, 19			
6. DATE OF BIRTH (month, day, and year) See. 6. 3)	Mest saw h; death is said			
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated abova, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of onset			
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc	Sulf for			
work was done, as SILK MILL, SAW MILL, BANK, etc.	The state of the s			
10. Date deceased last worked at this occupation (month and year)	Torobable Luc			
12. BIRTHPLACE (city or town) White Haven (State or country)	Dthar Contributary Causes of importance:			
13. NAME Nouvelle & orsald				
14. BIRTHPLACE (city or town) Thill Hyperne (Stata or country)	Nama of operation Data of What test confirmed diagnosis? Wes there an aulopsy?			
15. MAIDEN NAME Florence Williams 16. BIRTHPLACE (city or town) 716. Uligans (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?			

Where did Injury occur?__ (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Nature of Injury 24. Was disease or injury in any way related to occupation of

If so, specify (Signed)

(Address)

Registrar.

Manner of Injury

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Chronic interstitial nephritis JAN 6 1933	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

TION is very important. See instructions on back of certificate.

	S	TATE C	F MAR	YLAND-	CERTIFICATE OF DEATH	466
1	PLACE OF DEAT	ГН			<u> </u>	
	County W	in.	· co.		Registration Dist. No. 3	33
	Village or City	alis	pound	Jud.	No. 1 such Hosey	3Ward
/	Of Length of lesidence la ci	tu or town where d	leath occurred	Jyrs O mos	death occurred in a hospital or institution, give its NAME instead of street and wm	
4	till borny-	7 00-		(Cornis)	20	
2	. FULL NAME	, 2 wa	4.1-	0 to 000	/3	
	(a) Residence: No	200	(Usual place	of abode)	Ward. If nonresident give city or town and Sta	te
-	PERSONAL AN	D STATIST		1	MEDICAL CERTIFICATE OF DEATH	
3. 5	SEX 4. COLO	R OR RACE		RIED, WIDOWED.	21. DATE OF DEATH	2. –
1	1000. (B)	lach	OR DIVORCED	(write tha word)	(Month) (Day)	(Year)
5a.	If married, widowed, or divo	rced	. //	fa		(,,,,
	HUSBAND of (or) WIFE of	,			22. I HEREBY CERTIFY. That I attended dec	
			0 - /	1921-	,	, 19
-	DATE OF BIRTH (month, day		sec!	1733	l last saw h alive on; d	eath is sald
7. /	AGE Years	Months	Days	tf LESS than 1 day,hrs.	to have occurred on the data stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
	U	0	1 0	or	was as fallows :	ate of onset
NO	8. Trade, profession, or pa kind of work done,	as SPINNER.	1		Hill home will to	
OCCUPATION	SAWYER, BOOKKEE 9. Industry or business in	which			Jours James	
UP	work was done, as S SAW MILL, BANK,	SILK MILL.			(6 mos),	
000	10. Data deceased last wor		11. Total ti	me (years) nt in this		
_	yaar)			pation	Other Contributory Causes of importance:	
12.	BIRTHPLACE (city or town)	pro	•			
_	(State or country)	-3		~ ~		
FATHER	13. NAME (CO	ros /	and	200		
ATH	14. BIRTHPLACE (city or to	Sur (nwo	2. Sai	isbury	Name of operation Date of Date of	
-	(State or country)		- 0		What tast confirmed diagnosis? Was there an auto	psy?
MOTHER	15. MAIDEN NAME	Sono	Dr 60	Lorso	23. If death was due to external causes (VIOLENCE) filt in also tha following:	
TO	16. BIRTHPLACE (city or to	Own) Lu	Q. Sa	lesbury	Accident, suicide, or homicide? Data of Injury	., 19
2	(State or country)	0	no	1-0	Where did injury occur? (Specify city or town, county and State)	
17.	(Addrass)	Mey	Loss hi	utal	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
18.	BURIAL, OREMATION, OR	REMOVAL	1	/ 3/	Manner of Injury	
	Place Type	8 of gl	Date Del	, 1993	Natura of Injury	
10	UNDERTAKER	al-Para	Le form	2lashila	24. Was disease or injury in any way related to occupation of deceased?	
13.	(Address) Lalle	sbury	Ind.	(acliping)	If so, specify	
20	FILED Dec 1	19 35	J. May	Julies	(Signed) Cleanly specific	M. D.
20.	TILLUTING WALLET	10	1	Registrar.	(Address) Maleahay Ale	<i>{</i>

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

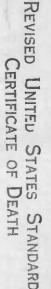
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:



(Approved by U. S. Census and American Public Health Association.)

en at home. who are engaged in the duties of the er," etc., without more precise specification as Day should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, c. g., Farmer or Planto: tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons enployed, as Al "chool or At home. Care should be taken definite salary), may be entered as Housevoife, House household only (not paid Housekeepers who receive a laborer: Furm laborer, Laborer-Coal mine. etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer: Stationary fremen, etc. Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus: Furmer (reor given up on account of the DISEASE CAUSING DEATH, work, or Al Home, and children, not gainfully emwhatever. write None. tired 6 yrs.). Housemuid, etc. If the occupation has been changed Statement of Occupation-Precise statement of oc-For many occupations a single word or term on For persons who have no occupation But in many

spinal meningitis"); Diphtheria (avoid use of "Croup"); ***
Typhoid fever (never report "Typhoid pucumenia"): ** Lobar pneumonia, Bronchopneumonia ("Pneumonia," fever (the only definite synonym is "Epidemic cerebioed term for the same disease. Examples: Cerebrospinal ____ to time and causation), using always the same accept-. . EASE CAUSING DEATH (the primary affection with respect ... Statement of Cause of Death-Name, first, the pist

> conditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); Measles; nuges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menhead of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conseas probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF taken. For VIOLENT DEATHS STATE MEANS OF INJURY diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhansticn," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," "Con-Chronic interstitial nephritis, etc. The contributory ment of cause of death approved by Committee on Poisoned by carbolic acid-probably suicide. train-accident: Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway State cause for which surgical operation was under-"Puerperal septicuemia," "Puerperal peritonitis," vulsions." (secondary or intercurrent) affection need Whooping cough; Chronic valvular heart discase; Nothenclature of the American Medical Association.) "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-Example: Measles "Anaemia" terminal (disease (second-(merely not be

tions answered in detail, it will prevent further correspondence, All the data is essential and must be obtained before the certificate is permanently filed. this certificate is looked over thoroughly and all ques-

pertificate is permanently filed.

TRECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANEN

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	14666
1. PLACE OF DEATH	2	(8)	222
County San Co		Registration Dist. No.	300
Village or City Sales	W, much	d. No. Vous Deil Ha	War War
Length of residence in city or town where death of		If death occurred in a hospital or institution, give its NAME instead of silvers. ds. How long in U.S. If of foreign birth? yrs.	
0,00		s. S ds. How long in U.S. If of foraign birth?yrs	mosd
2. FULL NAME 3 TOSS	ar an dr	mis,	
(a) Residence: No. 15 Que	(Usual place of abode)	St., V. Word.	
PERSONAL AND STATISTICAL		If nonresident give city or tow MEDICAL CERTIFICATE OF DEAT	
3. SEX 4. COLOR OR RACE 5. S.	INGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Tamala Un Rivor	DIVORCED (write the word)	Hec 12	, 193
5a. If married, widowed, or divorced	ander.	(Month) (Day)	(Year)
HUSBAND of (or) WIFE pf		22. IN EREBY CERTIFY. That I atte	ended deceased fro
h.	1 4 1011	195, 10 Hee/	2 1953
6. DATE OF BIRTH (month, day, and year) Ma	reh 1, 1916	Hast saw h tative on flee 12, 19	35; death is sai
7. AGE Years Months	Days tf LESS than 1 day, hrs.	to have occurred on the data stated above, at 3 HOA-m.	
19	or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	1
8. Trade, profession, or particular kind of work done, as SPINNER,	/	Leute Mediction	Opto otongo
SAWYER, BOOKKEEPER, etc.		Q. L	
9, Industry or business in which work was done, as SILK MILL, SAW-MILL, BANK, etc.		the diffuse nephretia; probably fol	low-
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked as	11. Total time (years)	ing searlet fever. Curse R.	
this occupation (month and year)	spent in this occupation	V	
	0 1	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) - Many (State or country)	land,	burney in	
	:d@1	, , , , , , , , , , , , , , , , , , ,	
	L'edums	1	
(State or country)	,	Name of oparation Date	01
		What test confirmed diagnosis?	e an autopsy 🏕
15. MAIDEN NAME SULLA W	uni	23. If death was dua to external causes (VIOLENCE)-fill in also tha foll	owing:
15. MAIDEN NAME Stella De 16. BIRTHPLACE (city or town) (State or country)	f	Accident, suicide, or homicida? Date of Injury	, 19
-1 (State of County)	7	Where did injury occur? (Specify city or town, county and	d State)
17. INFORMANT Chypiag (1,	Dunbage	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLI	C PLACE.
(Address) (Berlin,)	mes.		
Place Buckingham Ca Dat	Dec 14 ,035	Manner of injury	
(1)		Nature of Injury	
19. UNDERTAKER Y' & Burby	age of	24. Was disease or injury in any way related to occupation of daceased	17. C
(Address) / Gerling	neg ,	If so, specify	
20. FILED DEC 12, 1933 V. H	Lay Juner	(Signed)	7
	Registrar.	(Address) - Hiller	7
If more blanks		2411 N. Charles Street, Baltimore, Requesting U. S. No. z.	

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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

N. B.-WRITE PLAMLY,

V. S. No. 1

STATE	OF	MARYI	AND-	CERTIFI	CATE	OF	DEATH
OILLE		111/11/11/1	./ \ \	OFILITIES.	O' L' L		

4	40	10	10	600
7	4	fo.	Li	1
.1	1 Å	4	U	0

1. PLACE OF DEATH	1860
County Ivilemus	Registration Dist. No. 337
Village or City Juankin	NoSt.,Ward
	If death occurred in a horpital or institution, give its NAME instead of street and number) asds. How long in U.S. if of foreign birth?yrsmosds.
21. 10. 11 1)	
2. FULL NAME William and Will	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DiVORCED (write-the word) White Divorced (write-the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. J HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Marrill Jelilia of Such	sues Sec 1935 to Sec 11 1938
6. DATE OF BIRTH (month, day, and year) 1 1858	I last saw h alive on the 11 193 2; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at . Z.J.O. R. m.
77 6 7 1 day,hrs	ware as follows:
Trade, profession, or particular kind of work done, as SPINNER, SAWYER BROWYERER BOOKERS OF THE SAWYERER BROWYERER BOOKERS OF THE SAWYERER BROWYERER BROWYER BROWYERER BROWYER	Typestern Pkull Date of oneet
AWIER, BOOKREEFER, etc.	
9. Industry or business in which MLL, work was done, as SILK MILL, SAW MILL, BANK, etc.	of the
10. Date deceased last worked at 11. Total time (years)	
this occupation (month and year) ————————————————————————————————————	<u>Q</u>
12. BIRTHPLACE (bity or town) Jususken	Other Contributory Causes of Importance:
(State or country)	Sas Jargrene
13. NAME Franklin & uklrum	
14. BIRTHPLACE (city or town). Issueskin,	Neme of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Hagewe Insley	23. If deeth wes due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or towny Jasking)	Accident, suicide, or homicide? Date of Injury Date of Injury
(State or country)	Where did injury occur? (Specify city or town, county and State)
17, INFORMANT JULIAN SURFICIAL (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Sysskem My Date Della 1933	Neture of injury
19. UNDERTAKER Mrs College of Col	24. Was disease or injury in eny way related to occupation of deceesed?
20. FILED De 1319 31 N. Worlford Yallie Registrar.	(Signed) Deller Jules M.D. (Address) Navytuseke M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1000	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLANT	O—CERTIFICATE OF DEATH 14668
1. PLACE OF DEATH	85
County llilomica	Registration Dist. No. 333
Village or City Sharplawn ma	NoSt.,Ward
Length of residence in city or town where death occurred 40 yrs.	(If death occurred in a horpital or institution, give its NAME instead of street and number) mosds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Harrett Emmis	
	St., Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
female a a , single, Married, Widow or Divorced (write the wo	
56. If married, widowed, or divorced HUSBAND of (or) WIFE of salomon & Commes	22. HEREBY CERTIFY. Thet I attended deceased from bleen ble 4 19 35, to because the 6 19 35
6. DATE OF BIRTH (month, day, and year) 1861	I last saw h_la_alive on A conclude 5 1935; death is said
7. AGE Years Months Days If LESS 1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cerebral Heureliage
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and this programme) spent if this	
year) 1936 occupation 12. BIRTHPLACE (city or town) Sharblows	Other Contributory Causes of Importance:
(State or country) 13. NAME Stephen Blanley 14. BIRTHPLACE (city or town) Shorfulaum	
14. BIRTHPLACE (city or town) Shortstown	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Malkel Sanson 16. BIRTHPLACE (city or town) Shaplaw (State of country) 17. INFORMANT Solomon E. E. (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide? Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR DEMOVAL	Manner of injury
19. UNDERTAKER James Fr Slewart (Address) Salvalury and	Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILED Dec. 8, 19.35 many E. Man	

TARRY

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Example I		Example II	
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Chronic interstitial nephritis JA	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis .	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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180	Jo
SU	item
	Every
	ECORD.

should state

PHYSICIANS Exact statement

stated EXACTL properly classified.

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

19. UNDERTAKER

(Address)

mation should be carefully supplied.

B.—WRITE PLAINLY,

V. S. No. 1

pe

AGE should be

of oecupa.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 14669
1. PLACE OF DEATH	122-00
County Thicomile	Registration Dist. No. 333
Village or City Salesbury	No. Terrinsola January Rockettest, Ward death occurred in a hospital or institution, give its NAME (instead of street and number)
Length of residence in city or town where deeth occurredyrs,mos.	
d1 . 0 0, 11.	the second of the second secon
2. FULL NAME Column f. Taffig	If U. S. Veteran, specify WAR
	med Ward. Cape Charles, Kirginia
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male White Widower	(Month) (Day) (Year)
5a. If merried, widowed, or divorced	(month) (bull)
(or) WIFE of Catherine Custis Taylor Goffigon	22. HEREBY CERTIFY, That I attended deceased from
	11 6 3 , 19 to dee 9 , 19 20
6. DATE OF BIRTH (month, day, and yeer) 3 1872	I last saw h alive on the , 19 3; death is said
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, at 8-30 m.
63 10 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence
Tor	were as follows:
8. Trede, profession, or perticular kind of work done, as SPINNER, Railroad Clerk SAWYER, BOOKKEEPER, etc	hethere otherwo kus
9. Industry or business in which work was done, as SILK MILL,	Patites in
SAW MILL, BANK, etc	
11. Total time (years) this occupetion (month and // spent in this	
year)	01-0-0-2
12. BIRTHPLACE (city or town) Aslington	Other Contributory Causes of Importence:
(State or country) Firginia	
1 13. NAME John School in me	
I will form working on	10 + 1-
14. BIRTHPLACE (city or town) Milynaglar	Name of operation. La La Marie Date of Classes
(State or country) Tilkgenia	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Engenia Gennette	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Clegaleth City	Accident, suicide, or homicide?
(State or country) Horth Carolina	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Jauxa G. Ritzel (Address) Cabe Charles Riginia	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Prancock Ta. Date ties. 8 1935	Nature of injury.
ort 1124 . A. D.	reduic of mjuly

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Registrar.

24. Was disease or injury in any way related to occupation of deceased?

Statement of occupation.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative." etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PH	YSICIA	N
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RD. Every item of infori. PHYSICIANS should state Exact statement of OCCUPA-S RE -WRITE PLATALY, TH UNFADING INK-THIS IS A PERMANEN mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified.
TON is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING N. B.—WRITE PLANLY,

V. S. No. 1

	STATE C	F MARYLAND-	CERTIFICATE OF DEATH	4670
1. PLACE OF DE			3	2 4 4
County 40	ind si	co,	Registration Dist. Np.	333
Village or City	'inlo ¿	Jun 111d.	Engraph lie C. is 101	Digwood
				number)
Length of residence	gety or town where	death occurred	ds. How long in U.S. if of foreign birth?yrsn	nosds.
2. FULL NAME	7200	at 14 our		
(a) Residence: No	200	U, grund is	USK, Ward.	
PERCONAL	AND CTATICT	(Usual place of abode)	If nonresident give city or town and	1 State
		ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
- Quele	OLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	, 193
5a. If married, widowed, or		surge	(Month) (Dey)	(Yeer)
HUSBAND of (or) WIFE of	aivoicea	1	22. 1 HEREBY CERTIFY, Thai I attended	deceased from
		1/ /25/	74 ,1935, to 74	193 Y
6. DATE OF BIRTH (month	, day, and yeer)	Dec 4,1933	I last saw h Hive on	🦙 death is said
7. AGE Years	Months	Days If LESS then	to have occurred on the dete stated above, atm.	
0	0	I day, hrs.	The PRINCIPAL CAUSE OF DEATH and related couses of importance were as follows:	Date of onset
8. Trade, profession, of kind of work do	or particular one, as SPINNER,	1		
SAWYER, BOOK	KEEPER, etc		Smutter Delivery	
9. Industry or busines work was done, SAW MILL, BAY	es SILK MILL,		(6 russ)	
O 10 Date deceesed last	worked et	11. Total time (years)		
O this occupation year)	(month and	11. Total time (years) spant in this occupation		-
	A1. D.		Other Coutributory Causes of Importance:	
12. BIRTHPLACE (city or to (State or country)	with the state of	_		
13. NAME &	1 8 10	or simo Hans		
Ξ \	i	Q.	Neme of operation Date of	
14. BIRTHPLACE (city of State or country)			Whet test confirmed diagnosis?	autoney2 2
E 15. MAIDEN NAMES	turnil	A gardus Q 13	2. If death was due to external causes (VIOLENCE) fill In also the followin	
15. MAIDEN NAME	11/	a	Accident, sulcide, or homicide? Date of injury	
(Stete or count	, , , , , , , , , , , , , , , , , , , ,		Where did Injury occur?	, #
Pe	es les	28.11-1-1	(Specify city or town, county and Sta Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC P	
17. INFORMANT (Address)	listen	y his	Specify whether injury occurred in mediciner, in monte, or in a obejo ra	AVL.
18. BURIAL, CREMATION, OR REMOVAL Place Loggie June Date Dec 3, 1933			Manner of injury	
			Nature of injury	
	and Sis	ave Daychertery	24. Was disease or injury In any way related to occupation of deceased?	
19. UNDERTAKER	alis line	my Ind.	If so, specify	
and Dec 1	- 35- 0	Man Turner	(Signed) Colean G. Gradian	м. р
2D. FILED	, 19.	Registrar.	(Address) Oalubay	red
	If more	blanks are needed, address State Revistrar.		

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis JAN 6 1030	1921	Run over by street car	1 week ago	
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923			

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

FOR

MARGIN RESERVED

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	Example 1			Example II	233441177001
The principal cause of importance were a	of death and related causes	Date o	of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	IAN 6 1936	15	915	Attack of epilepsy	1 week ago
Chronic interstitial nep.	hritis	15	921	Run over by street car	1 week ago
Cerebral hemorrhage	1. 6 FA 1 V. S.	July	5,1927	Peritonitis	3 days ago
	Continue of the Continue of th				
Other contributory c.	auses of importance:			Other contributory causes of importance:	
Gallstones			1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

		-CERTIFICATE OF DEATH
1	. PLACE OF DEATH	23
	. County wisco	Registration Dist. No. 339
	Village or City Salisburg	ND. St. Jane Manuel St., /3 Wa
	Length of residence in city or town where death occurredyrs,	nos. —— ds. How long in U.S. if of foreign birth?
2	FULL NAME Robert Hart	ecil
	(a) Residence: No. Prisang Slung (Usual place of abode)	St., Ward. Tesse Orm cifes M. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. 5	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH December 11 102 5
5a	If married, widowad, or divorced	(Month) (Day) (Yéar)
Ju.	HUSBAND of Cor) WIFE of Ella Hart	22. I HEREBY CERTIFY, That I attended daceased fr Secretary 9 1935 to Secretary 11 19 3
6. I	DATE OF BIRTH (month, day, and yaar)	Hast saw h. in alive on December 10 1935 death is s
_	AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 2 - 4 .m.
	60 3 2 1day,h	the FAINCIFAL CAOSE OF DEATH and related causes of importance
z	8. Trada, profession, or particular kind of work dona, as SPINNER,	Date of on
ATION	SAWYER, BDDKKEEPER, atc	Vulmonery tubuculosis
0.	work was done, as SILK MILL, SAW MILL, BANK, atc	
OCCO	1D. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.	
12.	BIRTHPLACE (city or town) Classel Co.	Other Coutributory Causes of Importance:
or l	(State or country)	
HER	13. NAME William & out	
FAT	14. BIRTHPLACE (city or town) (Stata or country)	Nama of operation
2	15. MAIDEN NAME	Whet tast confirmed diagnosis?
MOTHER	- Company	23. If death was due to axternal causes (VIOLENCE) fill in also the following:
울	16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17.	INFORMANT (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18.	BURIAL, CREMATION, DR REMOVAL Place A Character Md. Date Dec 15 193.	Manner of injury
	Place Date Date Date Date Date Date Date Dat	Matura or injury
19.	UNDERTAKER . E. Syson	24. Was disease or Injury in any way related to occupation of deceased?
20.	FILED SEC /1, 19 33- V. May	(Signad) - 76 Sanatrum N
		(Address) Eastern thru toranch

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Example II Example I The principal cause of death and related causes. Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week aga Cerebral hemorrhage Peritonitis July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

PHYSICIANS should state ECORD. Every item of infor-

Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY TH UNFADING INK-THIS IS A PERMANEN CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. -WRITE PLAINLY,

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	93-6
County Wilsom Co	Registration Dist. No. 333
Village or City Saluty Ma	No. 302 Baker St. 5 Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where daath occurredyrs,mos,	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME STEE / Self Hashin	If U. S. Veteran, specify WAR
(a) Residence: No. 3 0 2 13 a few (Usual place of abode)	St., S Ward. Skiller Manual State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR ON RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (white the word)	21. DATE OF DEATH Section 20 M 193 3 - (Month) (Day) (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of Harry J. Hastings	22. HEREBY CERTIFY, That I attanded deceased from
6. DATE OF BIRTH (month, day) and yarr) Dec. 24 01886	I last saw blandiva on 19.10.; death is said
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the data stated above, at 6 30 km m
48 // 26 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER,	00 - 103.
SAWYER, BOOKKEEPER, etc.	Cens ingreundely 1734
work was dona, as SILK MILL, SAW MILL, BANK, etc.	
O 10. Date deceased last workade at 11 Total time (years)	
this occupation (month and / 33) spant in this occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importanca:
(Stata or country)	
13. NAME James ! Crowsh	
13. NAME 14. BIRTHPLACE (cly or town) (State or country)	Name of operation
1 (State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Phase . Price	Accidant, suicide, or homicide?
E (Stata or country)	Where did injury occur?
17. INFORMANT Muse John Staddock (Address) 302. Baker st. Saluh	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place / Assert lim Date PLC 2 19/3.	Nature of injury
19. UNDERTAKER Hollowy & G. (Address) Saluthy & mg.	24. Was disaasa or injury in any way ralated to occupation of deceased?
20. FILED Dec 22, 193/5- V. May June Registrar.	(Signad) M. D. (Address) Succeeding M. D.
If more blanks are needed, address State Recistrar	245 N. Chayler Street Baltimore Properties 71 S. No.

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Example I		Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
	Other contributory causes of importance		
May 1 1000			
May 1,1920	Gusu veruer uns	1 year	
	1915	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

County / Cou	nfor- state IPA.	STATE OF MARYLAND		4574
Village or City Length of residence in city at town where feeth occurred. Length of residence in city at town. Length of res	state UPA	I. PLACE OF DEATH	(191)	200
Length of residence in city at fown where death occurred. 2. FULL NAME (a) Residence: No. (Unia) place of abodo) PERSONAL AND STATISTICAL PARTICULARS (See See See See See See See See See See	# E S	County // Come	Registration Dist. No.	333
Length of residence in city at from where feath occurred	shou of O	Village or City Salisbury M. (If		Ward
(a) Residence: No. (Chaniplace of abods) PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS 3. SEM	> 00 +			
(a) Residence: No. (Chaniplace of abods) PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS 3. SEM	IAN mer	2 FILL NAME Lunique. Carolin	A Harton WAR	
3. SSE 4. Cestor Roy Accessory of the Cestor Roy Accessory	D. SIC	(a) Residence: No. Car Maylor + Church	St., 5 Ward. Saluty &	State
3. SEM 1. COSOR ON ACE OR MATURE STATE WITHOUT TO ACT OF DEATH 193 193 193 193 193 193 193 193 193 193	PH to			
So. It married, widowed, or slorced (co) with of June 1997 (control of the control of the contro	Exa	3. SEX 4. COLOR OR ACE 5. SINGLE, MARRIED, WIDOWED, OR MYORCEDA write the word)	21. DATE OF DEATH 1900 27	.4~
See of the property of the pro	ZHH	Jemus 11 mis 18 don	(Month) (Dey)	(Year)
And the properties of the prop	ANE A C T ssified	HUSBAND of .	22. I HEREBY CERTIFY, Trat I attended	deceased from
The PRINCIPAL CAUSE OF DEATH and related causes of importance The PRINCIPAL CAUSE OF DEATH a	RM X Z	1 + 10/100	,19.32, to Olec -2	19_0
SAVER, BOKKEFER, etc. Shoustry or business in which work as done, as SPINNER, SAVER BOKKEFER, etc. Shoustry or business in which work as done, as SPINNER, SAVER BOKKEFER, etc. Shoustry or business in which work as done, as SILK MILL, SAW MILL, BANK, etc. SAW MILL, BANK, etc. Shoustry or business in which work as done, as SILK MILL, SAW MILL, BANK, etc. SAW MILL, BANK, etc. Shoustry or business in which work as done, as SILK MILL, SAW MILL, BANK, etc.	PEI FE		2.10	; deeth is san
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Description of the properties	70	8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chrone Valendan Hart & man	lula
Differ Contributory Causes of importance: 10. Date deceased list world of this occupation (white and specific country) 11. Superior in this occupation (white and specific country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL CREMATION, OR BENDVAL Plect 19. UNDERTAKER (Address) 18. BURIAL CREMATION, OR BENDVAL Plect 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED Sec. 29, 19.33	nay nay	9. Industry or business in which work was done, as SILK MILL, SAW MILL RANK etc.	chows negline	-
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Plece Place Plece	PI Trough			
(Address) Salvilla Med If so, specify (Signed) Are R Man M. I Registrar. (Address) Daliby Md.		The the more 10,0, 39 34	Manner of injury	
(Address) Salvilla Med If so, specify (Signed) Are R Man M. I Registrar. (Address) Dalisby Md.	I ion	riecey. A 1990	Nature of injury	
20. FILED Dec 29, 19 33 / D. May Turner (Signed) Live R Mann M. I. Registrar. (Address) Daciby nd.	mat CA1	The state of the control of the cont		-
Z 20. FILED D. 1, 19 10 Cuy Summer (Address) Dolisby Ind.	m m	No. 26 3d N. 71 01	La Ring	
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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

PHYSICIANS should state

stated EXACTL

AGE should be

mation should be carefully supplied.

-WRITE

N. B.-

of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	920
1. PLACE OF DEATH County Messuice	Registration Dist. No. 333
Village or City Alastra	No. 318 anne St. 5 Ward
o mage of only 22 5	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town when deeth occurred yrsmo	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Premistra Hold (a) Residence: No. 3/8 annu	If U. S. Veteran, specify WAR
(a) Residence: No. 318 ann	St., 5 Ward. Salesby md.
(Usual place of abode)	If nonresident five city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OF RACE 5. SINGLE, MARMED, MOOWED,	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARMED, MOOWED, OR DIVORCED (such the word)	21. DATE OF DEATH LOC 602.
Se. If merried, widowed, or divorced	(Month) (Oay) (Year)
(or) WIFE of alfred a Holt	22. NOR BY CERTIFY Thet I ettended deceased from
6. DATE OF BIRTH (moght, dey, end year) Grand 18, 1851	I last saw h en elive on love 6 193V deeth is said
7. AGE Yeers Months Days If LESS than	to have occurred on the date steted above, etm.
6. DATE OF BIRTH (modth, dey, end yeer) 7. AGE Yeers Months Oays If LESS than I day,hrs ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Coulty Delastation Oate of onset
SANTEN, DOUNTELLEN, Etc.	X 12000 76/8
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.	
10. Dato deceased land worked at this occuration (no mand 1934) 11. Totel time (yeers) spent in this	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country) 13. NAME Jamus Roman	- Auto Skusses 1955
H 13. NAME Samuel Rymen	
n E	Name of operation Oete of
	What test confirmed diegnosis? Was there en autopsy?
E E 15. MAIDEN NAME / Much of the control of the co	23. If deeth was due to externel causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. MAIDEN NAME 18. MAIDEN NAME 19. J. MAIDEN NAME 19. J. MAIDEN NAME 19. J. MAIDEN NAME 10. J. MAIDEN NAME 10. J. MAIDEN NAME 11. INFORMANT 11. J. MAIDEN NAME 12. J. MAIDEN NAME 13. MAIDEN NAME 14. J. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
17. INFORMANT (Address) 7. 7. 1. # 3 Sally Mad. 18. BURIAL CREPTATION OR REMOVALE.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
	Menner of Injury
Ple Parions Care Oate Del, 8,1936	Nature of injury
O 19. UNDERTAKER 1954	24. Wes disease or injury in eny way related to occupation of deceased?
(Address) Selvery	If so, specify
20. FILEO Dec 8, 1935 D. May Junes	(Signed) Leaches ! Busine M. O.
Registrar.	(Address) - Cales Frey Lett,
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	IAN 6 7826	July 5, 1927	Peritonitis	3 days ago
	3.00		4	
	I BILDONI V &			
Other contributory	auses of importance:	J	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
Billian				

V. S. Mo. 1

	denca in city or town where of	sel, Juil	Registration Dist. No. 333 No. (If death decoursed in a hospital or institution, give its NAME instead of street and number) os. ds. How long In U. S. if of foreign birth? yrs mos. St., Ward.
PERSON	AL AND STATIST	CAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
J. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrighthe word)	21. DATE OF DEATH 2 - 1933: (Month) (Day) (Year
5a. If marriad, widow HUSBAND of (or) WIFE of 6. DATE OF BIRTH 7. AGE	month, day, and yaar)	Days If LESS than I day,	to have occurred on the data stated above, at
kind of v SAWYER, 9. Industry or work wa: SAW MIL 10. Date deceas: this occu year)		11. Total tima (yaars) spent In this occupation	Other Contributory Causes of importance:
14. BIRTHPLACE (Stata or 15. MAIDEN NA 16. BIRTHPLACE	(city or town)	eungbeurs Quae Raduc Q	Name of operation
17. INFORMANT (Address) 18. BURJAL, CREMAT	Pen Gen Jalisbu	Hospital, y, md.	Where did injury occur?
19. UNDERTAKER (Address) 20. FILED	upp Gensel	May June Registrar. Blanks are needed, address State Registra	24. Was disease or Injury In any way related to occupation of daceased? (Signed) (Address) (Address)

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The second secon	
To be complete, an occupătion return must state:	1
8.—The trade, profession, or particular kind of work done.	5
9.—The industry or business in which the work was done.	4
10.—The month and year the deceased last worked at the occupation.	1
21. The number of years the deceased followed the occupation.	3

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The principal cause of of importance were as f	death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	3 5	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrit	is a way to a serious	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago
	July 38 -000	2	Š	
	30 2 NU V. S			
Other contributory caus	ses of importance:		Other contributory causes of importance:	
Gallstones	3	May 1,1923	Gastroenteritis	1 year
	4			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

A. See A.	H I	
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WYBCIM BEZERAED EOB BINDING

TH UXE 'DING IX"

18D. Every item of

8. No.

AGE should be stated EXACTL

properly classified.

pe

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

-WRITE PLA

N. B.

PHYSICIANS should state AdD. Every item of infor-

Exact statement of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH

4 Place of The Colonial Coloni	CERTIFICATE OF BEATTI
1. PLACE OF DEATH	92-0
County Megmico	Registration Dist. No. 332
Village or City Pawellville	No. St. Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residance in city of town whera death occurred	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Galle Lines	
(a) Residence: No. Towellville, Ma	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR, OR PACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Temale While Widow	(Month) (Day) (Year)
5a. If married, widowed, or diffreed HUSBAND of	mc luspeny carrier and a
(or) WIFE of Saac Tuned	1 HEREBY CERTIFY That I attended deceased from
1. 121 1910	100- 6
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	t last saw h aive on 19.77; death is said to have occurred on tha date stated abova, at 10.9° m.
75 10 4- 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
ormin.	ware as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER,	1 Distriction
SAWYER, BODKKEEPER, atc. \\DUSLUUTE\	Clothe Verguglation 1934
work was dona, as SiLK MILL, Own home	
kind of work dona, as SPINNER, SAWYER, BODKKEEPER, atc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and a) this pocupation (month and a) this pocupation (month and a) 11. Total time (years)	-
o this occupation (month and 1930 spent in this year)	,
	Olher Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	D. T. O V
	Latte Justicelland hov
14. BIRTHPLACE (city or town)	Y Joel Walde 1935
4 14. BIRTHPLACE (city or town)	Mame of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Many fone West 16. BIRTHPLACE (city or town) (State or country)	23. if death was dua to external causas (VIDLENCE) fill In also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Whera did injury occur?
17. INFORMAS Pater Dennis	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) / Pawellville ma.	
18. BURIAL, CREMATION, OF REMOVAL	Manner of injury
Piace/Mt I Classant, Date New, D , 19 35	Nature of Injury.
m Casta Hotra	24. Was diseesa or injury in any way ralated to occupation of deceased?
19. UNDERTAKER (Address)	if so, specify
D. 7 35 00.	(Signed) Ceaceles 72.69 M.D.
20. FILES ILE. 193 Prillian . Java	(Address) Salai E. Jane
	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
-, "Total and the meeting desired Ottale Registrat,	

V. S. No. 1

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
-		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

The state of the s	

PHYSICIANS should state RD. Every item of infor-

Exact statement of OCCUPA-

N. B.—WRITE PLA

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF	MARYLAND-CERTIFICATE	OF	DEATH

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- 4	1	3 1	ž.	- 0	,

1. PLACE OF DEATH			
County Vicomico			Registration Dist. No. 333
Village or City Riverton			NDSt.,Wai
bandh at militarra ta sita man banda	3		death occurred in a hospital or institution, give its NAME instead of street and number)
William (yrsmos	ds. How long In U.S. If of foreign birth?yrsmos
2. FULL NAME			
(a) Residence: Np.	(Usual place	of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTI	CAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE		RIED, WIDOWED,	21. DATE OF DEATH &C (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie E. Lore	1		22. I HEREBY CERTIFY, That I attanded deceased from 23, 1935, to 21, 1935
6. DATE OF BIRTH (month, day, and year)	360 Jul	y 15	Hast saw h walive on blec 5 , 1936; death is sa
7. AGE Years Months	Days 22	If LESS than I day,hrs.	to have occurred on the data stated above, at 3 m.
10 2	20	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.		La and	Fracture / Mich Feiner
Industry or business in which			
N. Industry or business in which work was done, as SILK MILL, EAW MILL, BANK, etc	armer		
A Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc Industry or business in which work was done, as SILK MILL, For SAW MILL, BANK, etc 10. Data deceased last workad at this occupation (month and year)	11. Total t	ime (yaars) nt in this upation	
Mar	yland		Othar Contributory Causes of Importance:
12. BIRTHPLACE (city or town)			
13. NAME James Lord			
E Md.			
4. BIRTHPLACE (city or town) (Stata or country)			Name of operation Date of
	it b		What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Mary Houth 16. BIRTHPLACE (city or town). Maryland (Stata or country)			23. If death was dua to external causas (VIOLENCE) fill in also the following: Accident, suicida, or homicide? Where did injury occur? Where did injury occur?
17. INFORMANT Annie E. Lord (Address) Mardela, Md	•		(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL			Manner of Injury Felf
Placa Reids Grove	Date Dec.	9 1965	Nature of Injury
19. UNDERTAKER V.D. Graven (Address) Sharpto		,	24. Was disease or injury in any way related to occupation of deceased?
20. FILED ALCA 9 1935 7		5 01	(Signed) J. 5 Kuhlman M. (Address) Murpton Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis , 17 7000	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 14679
1. PLACE OF DEATH	122-6
County Margain	Registration Dist. No. 333
Village or City Salis Lary, In (16	No. Jen Yen Joshula St., 3 Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long In U.S. if of foreign birth?yrsmosds.
(a) Residence: No. Salisfurd, Jaff 405	Fierter Strut St. Ward.
(Mual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Man 19. 1935	I last saw h alive on 1002 1933 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6-189 m.
1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and	Indiational obselved and Date of onest to intresusaction and and a
10. Oate deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance: Acrile
13. NAME Off Mesch	
(State of Country)	Name of operation Oate of What test confirmed diagnosis? (The Was there an au'opsy?
15. MAIDEN NAME CARRIED Harris 16. BIRTHPLACE (city or town) Leilman (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Caffe Alsonia Translation	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Oate Oate 1.35	Manner of injury
19. UNOERTAKER MALL S. Marul (Address) Delman Lalame	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Dec 28, 1935 G. May June Registrar.	(Signed) M. D. (Address) Little Congression of the
V	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		-	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of o	nset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	191	5	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1936	192	1	Run over by street car	1 week ago
Cerebral hemorrhage	July5,	1927	Peritonitis	3 days ago
SUNTAU V. S.				
Other contributory causes of importance:			Other contributory causes of importance:	
Gallstones	May 1,	1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

N. B.-WRITE

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V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH 146	STATE	OF	MARYL	AND-	-CERTIF	ICATE	OF	DEATH	1468
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1. PLACE OF DEATH		940	
County Decomics		Registration Dist. No.	4 326
Village or City Allsman		NoS death occurred in a hospital or institution, give its NAME instead of street ds. How long in U.S. if of foreign birth?yrs	
d + 10	. 16:0	/ The tong in 0.0.1 of toleign bittle	
2. FULL NAME	newood Alletol		
(a) Residence: No State Stan	(Usual place of abode)	St., Ward. If nonresident give city or too	wn and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEA	ТН
Qu 1 P-1.	INGLE, MARRIFD, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay)	, 193_5 (Year)
5a H married, widowed, or divorced HUSBANO of (or) WIFE of	It Dichola	22. / I HEREBY CERTIFY, That I at	tended daceasad from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 2 8. Trade, profession, or particular kind of work done, as SPINNER PLANS SAWYER, BOOKKEEPER, etc	0 ays 1 LESS than 1 day,hrs.	I last saw h are alive on local of the have occurred on the date stated above, at 5 9 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Typullusion of Arlusion	9,3.5.; death is said
SAWTER, BOUNKEEPER, etc. 10. 10. 10. Dato deceased last worked at this occuration (menth and year)	11. Total time (years) spant in this occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country) (State or country) 13. NAME Jacob Duck	Je County	Angina Pulsin	6 days
13. NAME facult 14. BIRTHPLACE (city or town) (State or country)	land	Name of operation Oai What test confirmed diagnosis? Was the	
15. MAIDEN NAME Martha (16. BIRTHPLACE (city of town) (State or country) 17. INFORMANT Armad (Address)	Sorly land Tola	23. If death was due to external causes (VIOLENCE) fill in also the fo Accident, suicide, or homicide?	ollowing:, 19
18. BURIAL, CREMATION, OR REMOVAL REPORTED D	lmas Leil ste 12-13-, 1935	Manner of injury Nature of injury	
19. UNDERTAKER Will S. Mas (Address) Leilman J	elavare	24. Was disease or injury in any way related to occupation of decease if so, specify	ed? Zu
20. Freder 13, 1935 Harr	4 E. Hudson Registrar.	(Signed) At Lynce (Address) Defining Del	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I	D Approprie	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Pate of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis 1036	1921	Run over by street car	1 week ago
Cerebral hemorrhage JAN 4 1000	July 5,1927	Peritonitis	3 days ago
SURPAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH Registration Dist. No.

ds. How long In U.S. if of foreign birth?yrsmos ds.
St., Ward. R. O. If nonresident give city or town and State
MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH (Month) (Day) (Year)
22. I HEREBY CERTIFY. That t atlended deceased from 1935, to The first part of the standard process o
The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows: Date of onset
All-bonn
Other Contributory Cases of importance:
Name of operation D. Should massecrated at a of 14 4/36 What test confirmed diagnosis? Was there an autopsy?
23. If death was due to externat causes (VIOLENCE) fill In also the following: Accident, sulcide, or homicide?
Manner of injury Nature of injury
24. Was disease or injury in any way related to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Registrar.

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state infor-

1. PLACE OF DEATH

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis.	1921	Run over by street car	1 week ago	
Cerebral hemorrhage JAN 6 1936	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		013		
Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

ADDITIONAL S	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

FOR

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAN 6 1936			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING	
WRITE I INLY WITH UNFADING INKTHIS IS A PERMITER RECORD	RECORD (
N. B Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-	properly elegation. Exact
statement of OCCUPATION is very important. See instructions on back of certificate.	of certificate.

V. S. No. 1

PLACE OF DEATH County Nicomico	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 33/
Village or City Belisso (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That Lattended the degrased from
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h M. alive on Decent Cle 4 193 5.
7 AGE If LESS than I day hrs. ds. or min.?	and that death occurred on the date atated above, at
(b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Bollo Harly	Contributory Secondary (Duration) yrsmosde.
10 NAME OF FATHER	(Signed) Cultique England M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER MAN Smith 13 BIRTHPLACE OF MOTHER (State or Country) Bille Haren, Val	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trensients or Recent Residents) At place of deathyrsmosds. Where was disease contracted.
(Informant) John Giddlus (Address) Religion That Filed Dec 6 1935 Miss fm. Washington	if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS Much Mercuck Blain Septon Address
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address)	Where was disease contracted, if not at place of desit? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Lac. 9, 19

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more process. Farme laborer, Laborer—Coal mine, etc. Womlaborer, Farme laborer and in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective of tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation

Statement of Cause of Death—Name, first, the DISCAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be American Medical Association.) (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., o Never report mere symptoms or terminal condi-"Congenital," "Senile," etc.), "Dropsy,"
," "Heart failure," "Haemorrhage," contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the dafa is essential and must be obtained before the certificate is permanently filed.

	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANEN ECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
FOR BINDING	S IS A PERMANEN	stated EXACTL	properly classified.	certificate.
MARGIN RESERVED FOR BINDING	TH UNFADING INK-THI	fully supplied. AGE should be	n plain terms, so that it may be	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. B.—WRITE PLAINLY,	mation should be care	CAUSE OF DEATH is	TION is very importa

STATE OF MARYLAND-CERTIFICATE OF DEATH

14686

8. Trade, profession, or particular kind of work dome, as SPINNER, SAWER, BOOKEPER, etc. 10. Date domest 11. Total time (years) spent in this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURNAL 19. Continued 19.	1. PLACE OF DEATH	89-2
Village or City of a characteristic who we will be compared in a hospital or institution, are in NAME insected of size of aniest and submit Length of residence in city or town where death occurred yrs mes ds. Now long in U.S. If of foreign birth yrs ds. Now long in U.S. If of foreign birth yrs ds. Now long in U.S. If of foreign birth yrs	County Wilcomila	Registration Dist. No. 333
(If death occurred in a hospital or institution, give its NAME interested of sect and subject) Length of residence in city or town when death occurred yts	Village or City (Parka, 1840 Chin, Mit.	No. St 9 Ward
2. FULL NAME (a) Residence: No. Molling Mark (Unal place of shock) (Beal place of shock) (Charle place of shock) (St. Ward. Ward. Homewident give dity of town and State PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE (B. SINGLE, MARRIED, WIDOWED (Nonth) (Opy) (Charle) (Charle) place of shocks (Month) (Charle) place of shocks (Month) (Charle) place of shocks (Month) (Day) (Charle) (Charle) place of shocks (Month) (Charle) place of place of place of shocks (Month) (Charle) (Month) (Charle) (Month) (Charle) (Charle) (Month) (Charle) (Charle) (Month) (Month) (Charle) (Month) (Month) (Charle) (Month) (Month) (Month) (Charle) (Month) (Mo	(1)	death occurred in a hospital or institution, give its NAME instead of street and number)
(2) Residence: No. All And Statistical Particulars PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED Control the word) 4. Ill married, wildowed, or divorced (cr) Wife of 5. DATE OF BIRTH (month, day, and year) Phys. 7. AGE Years Months Days 11 LESS than 1 day	Length of residence in city or town where death occurred	ds. How long in U.S. If of foreign birth?mosds.
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	2. FULL NAME Dana Sertha Probe	If U. S. Veteran, specify WAR
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINCLE, MARRED, WIDOWED. OR DIVORCED Gravite the word) 5. Ill married, widowed, or divorced HUSARD of Copy) 6. DATE OF BIRTH (month, day, and year) Characy 7. AGE Years Months Days 11 LESS than 16 of work done, as SPINNER, SAVER, BOOKEEFER, etc. 9. Housest or country 12. BIRTHPLACE (city or town). 13. MAINE 14. BIRTHPLACE (city or town). 15. MAIDEN NAME 16. BIRTHPLACE (city or town). 17. INFORMANT Call 18. STATE OF DEATH 19. Companies on the companies of importance: 18. SINCLE, MARRED, WIDOWED. 19. What was done, as SEIN MER. 19. Companies on the companies of		
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So. If married, wildowed, or divorced (Ronfin) (Day) 193		
A IT MARINE (city or town) Alekadika. 12. BIRTHPLACE (city or town) Alekadika. 13. MANDEN NAME 14. BIRTHPLACE (city or town) Alekadika. 15. MANDEN NAME 16. BIRTHPLACE (city or town) Alekadika. 17. INFORMATE Lake (Country) 18. TIANDEN NAME 19. MANDEN NAM	A TOTAL THE THE TAX AND A TOTAL AND A TOTA	1 1 1 1 1
HUSBAND of (or) WIFE of (or) WI	female a.a. Kingle	130
6. DATE OF BIRTH (month, day, and year) Physical Parks (additional parks)	HUSBAND of	22. A LHEREBY CERTIFY That Lattended decreed from
T. AGE Years Months Days If LESS than I day	(OT) WIFE OT	
TAGE Years Months Days If LESS than 1 day	6. DATE OF BIRTH (month, day, and year) Rf. 24 193 H	I last saw h M alive on D cercy let 3 d 1934 : death is said
S. Trade, profession, or particular and of work done as SPINKER Date of ease SPINKER SAWER, BOOKKEPER, etc. SAWER, BOOKKEP, etc. SAWER, BOOKKEP		to have occurred on the date stated above, at 6.00 Pm.
8. Trade, profession, or particular kind of work domas & PINNER, SAWYER, BOOKKEPPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, etc. 10. Date deceased last worked at this occupation (month and particular this occupation (month and particular this occupation). 12. BIRTHPLACE (city or town) Palkealks and occupation. (State or country) 13. NAME And Pale Pale Pale Pale Pale Pale Pale Pale		The PRINCIPAL CAUSE OF DEATH and related causes of Importance
Save Report Rome as SPINNER Save Reference Save Ref	8 Trade profession or particular	Date of onset
De lace deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed) 10. UNDERTAKER (Signed) 11. Total time (years) Specify in this occupation of deceased? 12. Under Author 13. NAME 14. Under Author 15. NAME Author 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL 19. UNDERTAKER (Signed) 19. UNDERTAKER (Signed) 19. UNDERTAKER (Signed) 19. UNDERTAKER (Signed) 10. UNDERTAKER (Signed) 10. UNDERTAKER (Signed) 10. Undertaken 11. Total time (years) 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 15. Mana of operation 16. Date of Impury 19. Undertaken 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL 18. BURIAL 18. BURIAL 19. UNDERTAKER (Signed)	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Mastordatia
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14. BIRTHPLACE (city or town). A grant of paration. Date of What test confirmed diagnosis? Was there are autopsy? 15. MAIDEN NAME (city or town). Belloward (city or town). B	13. NAME Carl Palerto	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) Belloane, (Stata or country) 17. INFORMANT Call Rales Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Social Specify or town, county and State) 19. UNDERTAKER Call Rales Specify or town, county and State Specify whether injury occurred in Industry, in HOME, or in PUBLIC PLACE. (Address) 19. UNDERTAKER Call Rales Specify or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. UNDERTAKER Call Rales Specify Specify or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. UNDERTAKER Call Rales Specify Specify In any way ralated to occupation of deceased? 15. MAIDEN NAME (Signed) Was there an autopsy? 20. FILED Law (Signed) Was there an autopsy? 21. If death was due to external causes (VIOL ENCE) fill in also the following: 22. If death was due to external causes (VIOL ENCE) fill in also the following: 23. If death was due to external causes (VIOL ENCE) fill in also the following: 24. Accident, suicide, or homicide? Specify city or town, county and State) Specify whether injury occurr? Nature of Injury Nature of Injury 19. UNDERTAKER Call Rales Specify 19. UNDERTAKER Ca	14. BIRTHPLACE (city or town) Warner Revealer	Nama of operation Date of
16. BIRTHPLACE (city or town) Bellowers. 17. INFORMANT Earl Relational State) 18. BURIAL, CREMATION, OR REMOVAL Survey Place Selection of Later Place (Address) 19. UNDERTAKER Company And State (A	(State or country)	What test confirmed diagnosis? Was there an autopsy?
Whera did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Social Manner of Injury Place Sulfate Company of the Compa	15. MAIDEN NAME Coma Plad	23. If death was due to extarnal causes (VIOL ENCE) fill In also the following:
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Social form of July Place Scale of Public Place of Injury Place Scale of Public Place of Injury 19. UNDERTAKER Jones Faltural (Address) 24. Was disease or injury In any way related to occupation of deceased? 15. o., specify (Signed) (Signed) Manner of Injury Manner of Injury (Signed) Manner of Injury (Signed) Manner of Injury Manner of Injur		Accident, suicide, or homicide?
17. INFORMANT & ALL CREMENTION, OR REMOVAL Social Manner of Injury Place Scalled Comment of Manner of Injury Place Scalled Comment of Manner of Injury 19. UNDERTAKER Comment of Manner of Injury (Address) 19. UNDERTAKER Comment of Manner of Manner of Injury 20. FILED Law 3, 1936 M. Manner of Manner of Manner of Injury (Signed) (Signed) Manner of Injury 24. Was disease or injury In any way ralated to occupation of deceased? (Signed) (Signed) Manner of Injury Mature of Injury Manner of Injury Mature of Injury Matur	(Stata or country)	
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Place Sellet Com. 20. Data Jon 4, 19-36 Nature of Injury 19. UNDERTAKER Jones Filturant (Address) (Address) 19. UNDERTAKER Jones Filturant (Address) 19. UNDERTAKER Jones Filturant (Address) (Address	The same with the same state of the same state o	
19. UNDERTAKER James Fathereast 24. Was disease or injury In any way ralated to occupation of deceased? (Address) 19. UNDERTAKER James Fathereast 24. Was disease or injury In any way ralated to occupation of deceased? (Signed) (Signed) M. D.	A a a a los and E a	Manner of Injury
20. FILED Jan 3, 1936 A. May Junes (Signed) Walliam Emples M. D.	Place Data Data 19 19 30	Nature of Injury
20. FILED Jan 3, 1936 & Inty Junes (Signed) William Gue M. D.	19. UNDERTAKER James + Atuest	24. Was disease or injury In any way ralated to occupation of deceased?
20. FILED June 1970 IX. William June 1	(Address) Dalylyng ma	If so, specify
	20, FILED Lan 3 1936 & May Junes	(Signed) William 6 MM M.D.
		(Address) Henry 3

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	36
The principal cause of death and related causes of importance were as follows: Arteriosclerosis JAN 6 1000	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 14687
1. PLACE OF DEATH	920
County Thirming	Registration Dist. No. 333
Village or City Salishury	No. 116 31 X Ocust St., 13 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred/4_yrs,	ds. How long in U.S. if of foreign birth?
2. FULL NAME Janes Francis St	ields
(a) Residence: No. 11621. County (Usual place of abode)	St., 13 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Dec 17 19335
Sa. If married, widowed, or divorced HUSBANO of	(Month) (Day) (Year)
(or) WIFE of May Kore Shields	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) (MIAMA) 6, 1856.	I last saw to tive celler 1 19 death is said
7. AGE Yeers Months Days If LESS than	to have occurred on the date steted ebove, at
79 4 // 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, of particular kind of work done, as SPINNER, Petried Meulask SAWYER, BOOKKEPER, etc	Found dead opiohen shipician parised
Kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc. 9-Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10-Date deceased last worked at this securation (mostly and or content and o	Physician had never seen potient before could
10. Date deceased last worked at this occupation (month and year)	Ocute my ocordities. Amation: one week
12. BIRTHPLACE (city or town) Atu Yack City (State or country)	Other Contributory Causes of importance:
13. NAME Theodore I. Shields	me-dead when I
13. NAME THE ASLE 1. Shields 14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME MALL C. Strolder)	What test confirmed diagnosis?
15. MAIOEN NAME May C, Arrelers 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT 21: Pruse 18-elly. (Address) Aflan human m	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Warns energy sheet 17/19/3-519	Manner of injury
19. UNDERTAKER The Thill & Johnson Co. (Address) Labinary M.	24. Was disease or injury in any wey related to occupetion of deceased? HARBacnes
20. FILEO DEE 19,19 33 - D. May June Registras.	(Signed) O-Celle Fills M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.- The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	- 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAN 6 1936			
Other contributory causes of importance: V.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
A CONTRACTOR OF THE CONTRACTOR

STATE OF MARYLAND-CERTIFICATE OF DEATH

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B.—WRIFE PLAINLY, ATH UNFADING INK-THIS IS A PERMANEN RECORD. Every item of	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCC		
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RMANE	XACT	classified		
A PE	ted E	perly	TION is very important. See instructions on back of certificate.	
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1. PLACE OF DEATH	CERTIFICATE OF BEATTI
Count Hilomile	222
	Registration Dist. No. 222
Village or City Saleshung MA.	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Charles C. Smith	If U. S. Veteran, specify WAR
(a) Residence: No P-D-# 4 Salishing Ma	St. 3 Ward.
(Usual place of abody)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR ON RACE 5. SINGLE, MARRIED, WIDOWED, OR DAYOR CED (write the word)	21. DATE OF DEATH DOP. 14 4
Mare Many	(Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of	22. 1 HEREBY CERTIFY. That I attanded deceased from
(or) WIFE of Jenne J. Smith	Del 19 \$5,10 Des 18 1035
6. DATE OF BIRTH (month, day, and year) Dec. 3-1879	I last saw haliva on Die 7 4 19 34; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at 2.9m.
56 0 // lday,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Renel Calcula Date of one of
SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased as typicked at 1. Total time typics. This confidence done that the control of the contr	
10. Date deceased ast wicked at this occurrence month and 935 11. Total time twees the country of the country o	
this occurrent month and 733	
12. BIRTHPLACE (city or town Man Saliefly	Other Causes of Importance
(State or country) mod,	The state of the s
13. NAME tilliam S. Smith	
14. BIRTHPLACE (city or town) Rear Survey The	Name of oparation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME TE linda Camp 16. BIRTHPLACE (city or town) Man Sulvey (State or country)	23. If death was due to axternal causes (VIOLENCE) fill In also the following:
6 16. BIRTHPLACE (city or town) Man Sulvey	Accidant, suicide, or homicide? Date of injury, 19
≥ (State or country)	Whera did injury occur?
17. INFORMANT Mrs. Jermin Jr. Strutts	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) (O) # 4 Saluty mg. 18. BURIAL, CREMATION, OR REMOVAL	
Piace Asama and Date Bec 16. 1935	Manner of injury
9/20 . P	Natura of injury
19. UNDERTAKER	24. Was disease or injury in any way related to occupation of deceased?
(Addrass) Salely mod	If so, spacify
20. FILED DES 10, 19 30 C. May June Registrar.	(Signed) M. D.
	2421 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I Example II The principal cause of death and related causes. The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 140	89
1. PLACE OF DEATH	43-2	
County Milomile	Registration Dist. No.	333
	No. 207 Cross St.	3
Village or City Salustry Mg	No. St.,	- Ward
Length of residence in city or town where death occurred		
2. FULL NAME LEWIS a. Smull	If U. S. Veteran, specify WAR	
(a) Residence: No. 207 (Usual place of abode)	St., 13 Ward. Salishing M. If nonresident give city or lown and S	ilate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH WEE, 25 (Month) (Oay)	193 5 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE-OF Mary E. Smuller	22. HEREBY CERTIFY, Thet attended d	ecaased from
6. DATE OF BIRTH (month, day, and year) May 11 th 1864	I last saw h alive on attendance , 19	death is said
7. AGE Yaars Months Oays If LESS than	to have occurred on the date steted ebove, atm.	
71 / / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance ware as follows:	
9 Trade profession or particular	Diam beelong	Oate of onset
Nind of work dona, as SPINNER, Jahren		1 mk
Industry or husiness in which	Phimic Warehouses.	.Commission
work was done, es SILK MILL, SAW MILL, BANK, etc	Character 1	
O 10. Date daceased hat world at this occupation and span	<u> </u>	
Men Hauttan	Other Contributory Canses of importance:	
12. BIRTHPLACE (city or town)	no estable	
	week succession / Heavy	
14. BIRTHPLACE (city or town) was freutfame		
4 14. BIRTHPLACE (city or town)	Name of operation Oete of	
(State of Country)	What test confirmed diagnosis? Was there an au	topsy?
15. MAIDEN NAME Herrietta Brown 16. BIRTHPLACE (city or town) was fruitfand	23. If death wes due to extarnal causes (VIOLENCE) fill in also the following:	
5 16. BIRTHPLACE (city or town was funtland	Accidant, suicide, or homicide? Date of Injury	, 19
(Stete or country)	Where did injury occur?	
17. INFORMANT Emory C. Smuller (Address) 20% Cross start Sales	(Specify city or town, county and State Spacify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAI	CE.
18, BURIAL, CREMATION, OR REMOVAL	Annual de la lance	
Place Jacone long. Date Vel 27 1935	Mannar of injury	
11.11	Nature of Injury	
19. UNDERTAKER	24. Was disease or Injury in any way related to occupation of dacaasad?	
(Address) Salish of my	If so, spacify	
20. FILEO DEC 27 10 B3- V. May June	1. (Signed) Stockhard	M. 0.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AN B 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURFAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

Registrar.

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(Address) ...

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. 74 336 County Lle No. ____St.,

(If death occurred in a hospital or institution, give its NAME instead of street and number) / yrs. / mos. / 4 ds. How long In U.S. if of foreign birth? yrs. mos. ds. (a) Residence: No. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBANO of 22. (or) WIFE of 6. DATE OF BIRTH (month, day, and yeer) to have occurred on the date stated above, at 1/1 mm 7. AGE LESS than Years Months 0evs 1 day, _ _ _ hrs. 14 or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Oate deceased lest worked et 11. Totel time (years) this occupation (month and spant in this occupation Whet test confirmed diagnosis?______ Was there an autopsy?____ 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of Injury_______19

12.	BIRTHPLACE (city or town) Alelas (State or country)	nan med
ш Ж	13. NAME Paleet u	illiams
FATH	14. BIRTHPLACE (city or town) Q	Tilo
HER	15. MATDEN NAME Darthy	tewart

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

19. UNDERTAKER (Address) Manner of injury Neture of injury.

(Specify city or town, county and State)
Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.

If so, specify

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Registrar.

Where did injury occur?____

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Chronie interstitial nephalis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923		1 year

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STATE OF MARYLAND—CERTIFICATE OF DEATH

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Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLANKLY, TH UNFADING INK—THIS IS A PERMANEL RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	EECRD. Every item of infor-	T. PHYSICIANS should state	Exact statement of OCCUPA-	1
	V. B.—WRITE PLANTY.	mation should be carefully supplied. AGE should be stated EXACTL	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

STATE OF	MARYL	AND-CE	RTIFICA	TE OF	DEATH
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1. PLACE OF DEATH					23		410
County Village or City V	line	Co		No. Easter	Danal	on Dist. No.	333 Ward
Length of residence in city or t	own where deat	h occurred	4.4	death occurred in a horp	oital or institution, give its NA g in U.S. If of foreign birth?		d number) mosds.
2. FULL NAME (a) Residence: No.	ston	Ih oma		St., Wa	rd. Seal	In m	(1
PERSONAL AND S	TATISTIC	(Usual place		MED	Il nonresion	dent give city or town as	nd State
3. SEX Male 4. COLOR OR What	RACE 5.	SINGLE, MARI	RfED, WIDOWED,) (write the word)	21. DATE OF I	Decemb	a 11	., 193
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of				22/ I HE	(Month)	(Day)	(Year)
6. DATE OF BIRTH (month, day, and	year) be	£. 25	,		alive on Decem	In 11, 19 3	(fg. 5.0); death is said
7. AGE Years 2.7	Months /	Days 16	If LESS than I day,hrs. ormin.		he date stated above, at. Y ISE OF DEATH and related	causes of Importance	Date of onset
8. Trade, profession, or particul kind of work done, as SP SAWYER, BODKKEEPER, e 9. Industry or business in which work was done, as SILK I SAW MILL, BANK, etc	INNER,	vi a	wi	Pulms	may tub	veelori	May 193
work was done, as SILK F SAW MILL, BANK, etc 10 Date deceased last worked a this occupation (month an year)	t	sper	me (years) It in this pation				
f2. BIRTHPLACE (city or town)	Corn	Town		Other Contributory Co	auses of Importance:	•••••	
(State or country)	. 1. 3	lown	rend	-			
13. NAME 14. BIRTHPLACE (city or town) (State or country)	60	nto	on the	Name of operation	Mine	Date of.	
	erine	Cut	Carl		external causes (VIDL ENC		
15. MAIDEN NAME OF 16. BIRTHPLACE (city or town) (State or country)	Sa	ufn	Α		homicIde?	Date of Injury	, 19
17. INFORMANT (Address)	cero	<u>d</u>		Specify whether Injur	(Specify city occurred in INDUSTRY, In	ty or town, county and Si n HDME, or in PUBLIC F	tate) PLACE.
18. BURIAL, CREMATION, DB REMOV	4.1	Date Dec	13,1934	Manner of Injury			
19. UNDERTAKER (Address)	John S	la co	20	24. Was disease or Injury	ury in any way related to o	ccupation of deceased?	No
20. FILED DEC //, 19 3	3- 6	May	Turner Registrar.	(Signed)(Address)	mi 36 8	Short	M. D.
	If more bla	nks are needed, a	ddress State Registrar,	2411 N. Charles Street, E	Baltimore, Requesting D. SJ	Natestar	, Mis

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronie interstitial nephritis 1921 Run over by street ear 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

V. S. No. 1

	KD.	HYSIC	ct state	
	B		Exa	
MARGIN RESERVED FOR BINDING	N. B.—WRITE PLANTY, HUNFADING INK—THIS IS A PERMANEN ECOLD.	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSIC	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact state	45
FOR B	IS A PE	stated E	properly	TION is very important. See instructions on back of certificate.
BD	HIS	be	pe	of
SERVI	NK-T	should	it may	on back
N R D	I bui	AGE	so that	ctions c
ARGII	UNFAL	pplied.	terms, s	instru
M	H	ully su	plain	See
	LY, 4	carefu	TH in	portant
(LA	ild be	DEA'	ry imp
1	PP	shor	OF	s ve
0, 1	-WRIT	mation	CAUSE	TION i
V. S. No. 1	B			
>	Z		1	1

	1	S	TATE C	OF MAR	YLAND-	CERTIFICATE OF DEATH	1
1	PLACE O	F DEAT	Н			14034	
	County	LEON	miles	/1		Registration Dist. No. 333	
	Village or C	ity /	alish	7 Ma		ND P.O. 3, Sunt Camp) St., 9 Ward death occurred in a hospital of institution, give its NAME instal of street and number)	
	Length of resi	dence in cit	y or town when	death occurred		deds. How long in U.S. if of foreign birth?yrsmosds.	
2	. FULL NA	ME /	licha	Il le	rello	If U. S. Veteran, specify WAR	1
	(a) Residen	ce: No.				St. Ward, Bellimore Md.	/
	(4)			(Usual place	of abode)	If nonresident give city or town and State	
	PERSON	AL ANI	D STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. 3	unl	4. COLOR	RACE	OR DIVORCE	RIED, WIDOWED, (write the word)	21. DATE OF DEATH Nec. 184 , 193 5	
5a.	If married, widow	ed or divor	ced	Ken	gre	(Month) (Day) (Year)	
	HUSBAND of (or) WIFE of	, or area		0	THE RESERVE	22. I HEREBY CERTIFY, Thet I attended deceased from	
			G.	. 18	1624	, 19, 10, 19, 19, 19	
7.	DATE OF BIRTH (, and yeer) Months	Days	If LESS then	I lest saw h alive on	
4. 2	AGE 100	1	T	10	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance	
	O Tanda anda		0	1 70	ormin.	were as follows: Date of one at	
NO	8. Trade, profes	vork done, a	as SPINNER, PER, etc	men.			
OCCUPATION	9. Industry or	business in	which				
UP.	Work was	s done, as S L, BANK, e	ILK MILL,			Harital America	
200	1D. Date deceas		ked at	11. Total t	ime (years)	N-comming working	
	year)	petion (mon		OCCI	pation		
12	BIRTHPLACE (ci	tv or town)	Pater	son.		Dther Coutributory Causes of importence:	
16.	(State or cour		0	n.	,		
ER	13. NAME	ul	me	Will.			
FATHER	14 DIDTUDI SOF	. /-:	Cin	um In	la-d	Neme of operation Date of	
FA	14. BIRTHPLACE (State or	country)	wn)	120.4		Neme or operation Date of What test confirmed diegnosis? Was there an autopsy?	
2	15. MAIDEN NA	MF 5	Zennie	1	7 te e la		
MOTHER			1	rasu	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	23. If deeth wes due to externel carses (VIOLENCE) fill In elso the followings Accident, suicide, or homicide?	-
MO	16. BIRTHPLACE (State or	(city or tov	wn)			Where did injury occur? Alor Romans Mile	
	n	11000	met	po n	10.	Specify whether intery occurred in NDUSTRY, In HOME, or In PUBLIC PLACE.	
17.	(Address)	mi	1.ha	The second	- m	bulle. Muse	
18.	BURIAL, CREMAT	IDN, OR RI	EMOVAL	0	- ///9,	Mariner of Injury drowny	
30	Place By	indy	win fe	Date VEC	,20,1935	Nature of injury	
14,	and the	4	Carin	+6		11 11	
19.	(Address)	19	1-	res d		24. Was disease of injury in any wey frated to occupetion of decessed?	
-	(Hudiess)	10	but	1	07	If so, specify (Signed) It William M.D. M.D.	
20.	FILEDATEC	/ 1	9/00	r. rnay	Registrar.	(Signed) M. D. M.	0
-			If move	blanks are needed		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	U
			2, 111010	- many with resident to	Orace Acquirar,	ages are Chance orices, Dammore, Requesting U. S. 140. 1. White Clean	

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
JAN 8 1838				
Other contributory causes of importance:	the Letters	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state Exact statement of OCCUPA-

MARGIN RESERVED FOR BINDING	N. BWRITE PLANLY, ITH UNFADING INK-THIS IS A PERMANE	mation should be carefully supplied. AGE should be stated EXACTZ	CAUSE OF DEATH in plain terms, so that it may be properly classified.	ertificate.
ED	HIS	be s	he I	of c
ESERV	INK-T	GE should	nat it may	is on back
ARGIN F	JNEADING	pplied. A(erms, so th	TION is very important. See instructions on back of certificate.
M	THI	efully su	in plain	ant. See
	PLANLY,	ould be car	F DEATH	ery import
V. S. No. 1	BWRITE	mation sh	CAUSE O	TION is v
>	Z			

STATE OF	F MARY	/LAND-	CERTIFICATE OF DEATH	14695
1. PLACE OF DEATH			<u> </u>	1 1 1 1 1 1 1
County Wierres us	_		Registration Dist. No.	3/
Village or City near fr	eachic		No. St.	Ward
		(11	death occurred in a hospital or institution, give its NAME instead of street a	nd number)
12 0	CHI. DA	,	ds. How long in U.S.If of foreign birth?yrs	mos ds.
2. FULL NAME / Jaly	will	and		
(a) Residence: No.	(Usual place o	f abode)	St., Ward. If nonresident give city or town	and State
PERSONAL AND STATISTIC		The state of the s	MEDICAL CERTIFICATE OF DEATH	
(3 - 1	S. SINGLE, MARR		21. DATE OF DEATH Leceus bee 36 44 (Month) (Day)	. 193 (Yeer)
5a. If merried, widowed, or divorced HUSBANO of (or) WIFE of			22. I HEREBY CERTIFY, That I attended	
to.		20th 187	, 19, to	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days	II LESS than	l lest saw h elive on, 19,	; deeth Is said
T. AGE Teats Months	Days	1 dey,hrs.	to have occurred on the dete steted ebove, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trede, profession, or particular		ormin.	were as follows:	Oate of onset
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.			Spellow	
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date decessed lest worked et				
10. Date deceesed lest worked et this occupation (month and year)	11. Totel timespan	ne (years) t in this pation		
12. BIRTHPLACE (city or town) heav }	ruchi	45	Other Contributory Causes of importance:	
(State or country)		mo	Lelayed Birth	
13. NAME alongo al	Ellian	r.L	10000	
13. NAME CLOUDS WE 14. BIRTHPLACE (city or town)	uh'ur		Neme ef operation Date of	f
(State of country)		mo	Whet test confirmed diegnosis? Was there	
15. MAIDEN NAME Rebeccas 4	Vallace	2	23. If deeth wes due to external ceuses (VIOLENCE) fill in elso the follow	wing:
15. MAIDEN NAME Rebecces 9 16. BIRTHPLACE (city or town) Sali:	strug		Accident, suicide, or homicide? Dete of injury	
(Stete or country)	1	mo	Where did injury occur?	
17. INFORMANT along of Will (Address)	liam?	chic	(Specify city or town, county and Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC	PLACE.
18. BURIAL, CREMATION, DR REMOVAL .	10		Menner of Injury	
Place Leaulges	Dete Alle	3/1935	Neture of Injury	
19. UNDERTAKER AND MEN	care	0	24. Wes disease or injury in eny wey releted to occupation of deceased?	
20. FILED Dec 3/ 1935 M	10 / 20	. Ubella Registrar.	(Signed) William Syraele (Address) Heliam Syraele	M. D.
If more bla	inks are needed, ac		24.11 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Chronie interstitial nephritis 1873	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
MODERIL V. S.				
Other contributory causes of importance:		Other contributory eauses of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 yeor	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

lead been in Calor over hour four Cours. The wife attended.

PHYSICIANS JORD. Every statement Exact classified certificate. properly back it may See instructions on so that in plain terms.

51

OCCUPATION

FATHER

MOTHER

TION is very important.

CAUSE OF DEATH

mation should be

-WRITE

state OCCUPA-

plnods of

STATE OF MARYLAND—CERTIFICATE OF DEATH 14696 1. PLACE OF DEATH Length of residence in city or town where death occurred (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) 5a. If married, widowad, or divorcad HUSBAND of (or) WiFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than

5

Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.____

10. Date deceased last worked at this occupation (month and

14. BIRTHPLACE (city or town) (State or country)

16. BIRTHPLACE (city or town). (Stata or country

18. BURIAL, CREMATION, OR REMOVAL

12. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

(Addrass

19. UNDERTAKER (Addrass)

13. NAME

1 day, hrs.

11. Total time (years) spant in this

Registration Dist. No.	33
No. B. 7-D # 2- St. /	3 Ward
death occurred in a hospital or institution, give its NAME instead of street and n	
ds. How long in U.S. if of foreign birth?yrs,mo	sds.
ifile p.	
St., 1.5 Ward.	
If nonresident give city or town and	State
MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH Dec. 26	
(Month) (Day)	193 5 (Year)
22. I HEREBY CERTIFY. That I attended of	lassaced from
march 18, 1935, to Det 20	
I last saw har alive on De 25 1935	
r 50	; death is said
to have occurred on the data stated above, at	
were as follows:	Date of onset
Bulmonay Tubercolonia.	24. ?
generally morning.	a glan
Other Contributory Causes of importance:	
other continues of thipottence.	
Name of operation	
What tast confirmed diagnosis? Was there an ar	
23. If death was due to external causes (VIOLENCE) fill in also the following:	
Accident, suicide, or homicide? Data of injury	
Where did injury occur?	, 19
(Specify city or town, county and State Specify whethar injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLA)
Specify whethar injury occurred in INDUSTRY, in NUME, or in PUBLIC PLA	CE.
Manage of Jaluary	
Mannar of Injury	
Nature of injury	0
24. Was diseasa or injury in any way ralatad to occupation of dacaasad?	w
If so, specify	
(Signed) All Handle	M. D.
(Address) ff sheelest for My	

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	> =0.	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH

14697

1. PLACE OF DEATH	34	2
county bremeco	Restration Dist. No. — 33.	9
Village or City alisbury	No. 5. Those Bet. St 13	War
	If death occurred in a hospital or institution, give its NAME instead of street and number	
Length of residence In city or town where death occurredyrs,m	os9ds. How long in U.S. if of foreign birth?yrsmos	ds
2. FULL NAME Thomas Kenny you	ing O.	
(a) Residence: No.	St. Ward Cuspile Md	
(Usual place of abode)	If nonresident give city or town and Stale	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Condition	21. DATE OF DEATH Society / Y, 193 (Month) (Day) (Y	(ear)
5a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of Comanda young	22. I HEREBY CERTIFY. That I attended decease December 4 19 35 to Secendar 12 19	ed from
6 DATE OF RIPTH (month day and weer) Har 30 1884		, ,
6. DATE OF BIRTH (month, day, and year)	- 3a /	h is sai
1 dayhrs	to have occurred on the date stated above, at	
	wore as follows:	of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Conternal	P	
SAWYER, BOOKKEEPER, etc.	Vielmonery tubuculoi 17	13
work was done, as SILK MILL, SAW MILL, BANK, etc.		
O 10. Date deceased last worked at 11. Total time (years)		
this occupation (month and 1931 spent in this occupation		
12. BIRTHPLACE (city or town) Cuspell	Other Contributory Causes of Importance:	
(State or country)	Men t. (luctic)	
13. NAME James Carray You	- Contract of the contract of	
13. NAME James Carried Journey 14. BIRTHPLACE (city or town)	Name of anythin Hore	
(State or country)	Name of operation	
	What test confirmed diagnosis? Was there an autopsy	7
15. MAIDEN NAME Kama Etta II omas 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?, 19	9
2. 7 10 1 - 1	Where did Injury occur? (Specify city or town, county and State)	
17. INFORMANT Mins Leva Young (Sester)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) 18. BURIAL, CREMATION, OR, REMOVAL		
Place Ornstield Consetter Date 12/14 1985	Manner of injury	
010 -1	Nature of Injury	
19. UNDERTAKER J. J. Lawary, The	24. Was disease or injury in any way related to occupation of deceased?	
(Address) 606- Mortin for making the	Il so, specily	
20 FILED DEC /2, 1933 V. May humel	(Signed) 2. Share Bal	M. I
Registrar	(Address)	

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
JAN 6 1938	- A 1		
Other contributory causes of importance: V.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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